

CHILDCARE EXPENSE APPEAL

Academic Year 2016–2017

DIRECTIONS

You must submit your appeal no later than the term deadline given here:

Fall term 2016—November 18, 2016

Spring term 2017—April 21, 2017

May/summer term 2017—July 21, 2017

Your childcare expenses during the 2016–2017 academic year may be considered in determining financial aid eligibility. The maximum allowance is \$3,104 per semester for each dependent for the nine-month academic year. The Office of Student Finance (OSF) will only consider costs incurred while attending the University of Minnesota, Twin Cities, during the *current* academic year.

You MUST provide the following required documentation:

1. A written explanation of your situation, including whether the cost is paid in part by another person or agency
2. A statement, contract, or letter from a childcare provider that includes the
 - name, address, phone number, and signature of care provider
 - name(s) of dependent(s) in the provider’s care
 - the expected period of care for each dependent, including start and end dates **during the 2016–2017 academic year**
 - number of hours AND the cost per week for each individual in dependent care
3. Canceled checks or receipts as proof of payment for dependent care

If approved, loans are the only aid that may be increased, provided you have remaining annual loan eligibility.

To ensure privacy online, open in Adobe Reader (free at Adobe.com). Please add the required signature(s) in blue or black ink.

RETURN FORM:

BY MAIL TO:
 Office of Student Finance
 20 Fraser Hall
 106 Pleasant St. SE
 Minneapolis, MN 55455

IN PERSON ON CAMPUS TO:
 333 Robert H. Bruininks Hall
 130 West Bank Skyway
 130 Coffey Hall

Questions?
 Phone: 612-624-1111
 TTY (hearing impaired): 612-626-0701
 Email: onestop@umn.edu

PART A. Student information				
Name (last, first, middle initial)	University ID	Social Security number (last 4 digits)		
Current mailing address (street, apartment or PO Box number, city, state, ZIP code, country)		Phone number (include area code)		
List the name and Social Security number of any other household member attending the University of Minnesota, Twin Cities. Dependent care expenses can only be added to one family member’s record. Attach an additional sheet of paper, if necessary.				
Student name	Social Security number (last 4 digits)			
PART B. Dependent care information				
Do you pay for childcare expenses? <input type="checkbox"/> yes <input type="checkbox"/> no				
If yes, list the name(s) of the dependent(s) who will be in the care of a paid provider. Attach an additional sheet if necessary				
Name of dependent	Age	Relationship	Name(s) of care providers	2016–2017 childcare expenses
PART C. Certification				
You must sign this form to certify that the information you provided is true. Misrepresentation of facts in connection with this form may be sufficient cause, in and of itself, for cancellation or repayment of financial aid whenever discovered.				
Student signature	Date			
Spouse/parent signature	Date			



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